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Bib Data Sheet

<b>SERIAL NUMBER</b> 07/741,575	<b>FILING OR 371(c) DATE</b> 08/07/1991 <b>RULE</b>	<b>CLASS</b> 315	<b>GROUP ART UNIT</b> 2502	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> OLE K. NILSSEN, BARRINGTON, IL;				
<b>** CONTINUING DATA *****</b> This application is a CON of 07/548,197 07/05/1990 PAT 5,083,255 which is a CON of 06/667,691 11/02/1984 ABN which is a CIP of 06/487,817 04/22/1983 PAT 4,506,318				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/21/1991</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> OLE K. NILSSEN 200 N. HARRISON ST, SUITE 103 ALGONQUIN, IL60102				
<b>TITLE</b> HIGH-FREQUENCY POWER SUPPLY FOR INCANDESCENT LAMP				
<b>FILING FEE RECEIVED</b> 0.00	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	